SBDM Request for Resources

Section 7 Funds

Please complete the following form to justify the council's request. Include a brief explanation on how the request supports or aligns to your *Comprehensive School Improvement Plan* (CSIP). The request should also address achievement gaps, school goals & priorities, and meet the needs of students.

Submit completed form to the Superintendent/Designee no lat	ter than date
School Making Request:	Date of Request:
1. REQUEST FOR TEACHERS Number of Teachers Requested:	
Explain how this connects to your school's current Co	omprehensive School Improvement Plan.:
2. REQUEST FOR INSTRUCTIONAL ASSISTANTS Number of Assistants Requested:	
Explain how this connects to your school's current Co	omprehensive School Improvement Plan.:
3. REQUEST FOR OTHER STAFF List Staff Requested (Such as custodians):	-
Explain how this connects to your school's current <i>Co</i>	omprehensive School Improvement Plan.:
4. OTHER REQUESTS (i.e. Instructional Resources) Reason for request:	
Explain how this connects to your school's current Co	mprehensive School Improvement Plan.:
Signatures of Council Members	